

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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| 1. File Number U - 8113 | 2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004 |
| 3. Name and address of person filing. Name Arthur A Cantu P.O. Box, Bldg., Room No., if any Street 11951 Brewster Court City San Diego State California ZIP Code + 4 92128 | 4. Name, file number, and address of labor organization. Name Teamsters Local 36 Labor Organization File Number 035-343 P.O. Box, Building and Room Number, if any Street 4626 Mercury Street City San Diego State California ZIP Code + 4 92111 |
| 5. Position in labor organization. Secretary-Treasurer | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8.10.05

Date

858-292-7344

Telephone Number

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|---|------------------------------|-----------------------|
| Name of Person Filing Arthur Cantu | 1/1/2004 - 12/31/2004 | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| 8. Name and address of Business (including trade name, if any). Name Melissa Cook, Attorney at Law Trade Name, if any: Kissane & Cook P.O. Box, Bldg., Room No., if any Suite 106 Street 3444 Camino del Rio North City San Diego State California ZIP Code + 4 92108 | 9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name San Diego Co Teamsters Construction Trust Trade Name, if any: Allied Administrators P.O. Box, Bldg., Room No., if any Suite 311 Street 2831 Camino del Rio South City San Diego State California ZIP Code + 4 92108 | 11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Meeting to discuss Owner Operators </div> 11.b. Approximate dollar value of such dealing. <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Meal 12/7/2004 </div> 12.b. Amount. <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px; text-align: right;"> \$20 </div> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Bunn & Hulbert Trade Name, if any: Attorney at Law P.O. Box, Bldg., Room No., if any Suite 690 Street 8910 University Center Lane City San Diego State California ZIP Code + 4 92122 | 14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Soliciting Business Dinner 1/15/2004 & 12/7/2004 Padre Game 6/23/2004 2 tickets Padre Game 6/25/2004 2 tickets </div> 14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px; text-align: right;"> \$510 </div> |
| 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ? | |

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| Name of Person Filing Arthur Cantu 1/1 - 12/31/2004 | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| 8. Name and address of Business (including trade name, if any). Name Allied Administrators Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 311 Street 2831 Camino del Rio South City San Diego State California ZIP Code + 4 92108 | 9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name San Diego Co Teamsters Construction Trust Trade Name, if any: Allied Administrators P.O. Box, Bldg., Room No., if any Suite 311 Street 2831 Camino del Rio South City San Diego State California ZIP Code + 4 92108 | 11.a. Nature of such dealing. International Foundation Employee Benefits Trustee Seminar New Orleans 11.b. Approximate dollar value of such dealing. |
| | 12.a. Nature of interest held or income received. Meals, membership fees for International Foundation Employee Benefits 11/30/2004 - 12/4/2004 12.b. Amount. \$585 |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14.b. Amount of payment. |

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|---|----------------|
| Name of Person Filing Arthur Cantu 1/1 - 12/31/2004 | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| 8. Name and address of Business (including trade name, if any). Name Allied Administrators Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 311 Street 2831 Camino del Rio South City San Diego State California ZIP Code + 4 92108 | 9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name San Diego Co Teamsters Construction Trust Trade Name, if any: Allied Administrators P.O. Box, Bldg., Room No., if any Suite 311 Street 2831 Camino del Rio South City San Diego State California ZIP Code + 4 92108 | 11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Trustee Meeting December 2004 </div> 11.b. Approximate dollar value of such dealing. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Meal 12/16/2004 </div> 12.b. Amount. <div style="border: 1px solid black; width: 100px; height: 20px; text-align: right;">\$122</div> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 14.a. Nature of payment. <div style="border: 1px solid black; height: 100px;"></div> |
| 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> |

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| Name of Person Filing Arthur Cantu | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Associated Third Party Administrators</p> <p>Trade Name, if any: ATPA</p> <p>P.O. Box, Bldg., Room No., if any Suite 207</p> <p>Street 2831 Camino del Rio South</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92108</p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name San Diego Co Teamsters Employers Ins Trust</p> <p>Trade Name, if any: ATPA</p> <p>P.O. Box, Bldg., Room No., if any Suite 207</p> <p>Street 2831 Camino del Rio South</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92108</p> | <p>11.a. Nature of such dealing.</p> <p>International Foundation Employee Benefits Trustee Seminar</p> |
| | <p>11.b. Approximate dollar value of such dealing.</p> <p style="text-align: right;">\$</p> |
| | <p>12.a. Nature of interest held or income received.</p> <p>Breakfast TPC - New Orleans 12/1/2004</p> |
| | <p>12.b. Amount.</p> <p style="text-align: right;">\$34</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment.</p> <p style="text-align: right;">\$</p> |

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| Name of Person Filing Arthur Cantu | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Associated Third Party Administrators</p> <p>Trade Name, if any: ATPA</p> <p>P.O. Box, Bldg., Room No., if any Suite 207</p> <p>Street 2831 Camino del Rio South</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92108</p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name San Diego Co Teamsters Employers Ins Trust</p> <p>Trade Name, if any: ATPA</p> <p>P.O. Box, Bldg., Room No., if any Suite 207</p> <p>Street 2831 Camino del Rio South</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92108</p> | <p>11.a. Nature of such dealing.</p> <p>International Foundation Employee Benefits Trustee Seminar</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner at GW Fins - New Orleans 12/3/2004</p> <p>12.b. Amount. \$84</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment.</p> |

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| Name of Person Filing Arthur Cantu | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Pacific Federal</p> <p>Trade Name, if any: PacFed</p> <p>P.O. Box, Bldg., Room No., if any Suite 400</p> <p>Street 1000 North Central Avenue</p> <p>City Glendale</p> <p>State California ZIP Code + 4 91202</p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>11.a. Nature of such dealing.</p> <p>Request for information on various health plans PGA Tribute to John Matull</p> |
| | <p>11.b. Approximate dollar value of such dealing.</p> |
| | <p>12.a. Nature of interest held or income received.</p> <p>Round of Golf - Temecula Creek Country Club Breakfast 4/23/2004</p> |
| | <p>12.b. Amount.</p> <p style="text-align: right;">\$80</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment.</p> |

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| Name of Person Filing Arthur Cantu | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name American Union Home Loans</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any 7th Floor</p> <p>Street 3200 Bristol Street</p> <p>City Costa Mesa</p> <p>State California ZIP Code + 4 92626</p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Paul Jones</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any 7th Floor</p> <p>Street 3200 Bristol Street</p> <p>City Costa Mesa</p> <p>State California ZIP Code + 4 92626</p> | <p>11.a. Nature of such dealing.</p> <p>Soliciting Business</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>Lunch - 7/22/2004</p> <p>12.b. Amount. \$40</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment. _____</p> |

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| Name of Person Filing Arthur Cantu | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Allied Administrators</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any Suite 311</p> <p>Street 2831 Camino del Rio South</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92108</p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name San Diego Co Teamsters Construction Trust</p> <p>Trade Name, if any: Allied Administrators</p> <p>P.O. Box, Bldg., Room No., if any Suite 311</p> <p>Street 2831 Camino del Rio South</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92108</p> | <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> International Foundation Employee Benefits Trustee Meeting San Diego </div> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Meals </div> <p>12.b. Amount. \$221</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State California ZIP Code + 4 _____</p> | <p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> </div> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment. _____</p> |

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| Name of Person Filing Arthur Cantu | File Number U- |
|---|-----------------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| 8. Name and address of Business (including trade name, if any). Name Associated Third Party Administrators Trade Name, if any: ATPA P.O. Box, Bldg., Room No., if any Suite 207 Street 2831 Camino del Rio South City San Diego State California ZIP Code + 4 92108 | 9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name San Diego Teamsters Employers Trust Trade Name, if any: ATPA P.O. Box, Bldg., Room No., if any Suite 207 Street 2831 Camino del Rio South City San Diego State California ZIP Code + 4 92108 | 11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Proposal new health & welfare rates </div> 11.b. Approximate dollar value of such dealing. <div style="border: 1px solid black; width: 100%; height: 20px;"></div> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Round of Golf Torrey Pines 4/8/2004 </div> 12.b. Amount. <div style="border: 1px solid black; width: 100%; text-align: right; padding-right: 10px;"> \$56 </div> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State California ZIP Code + 4 | 14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div> |
| 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14.b. Amount of payment. <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Associated Third Party Administrators</p> <p>Trade Name, if any: ATPA</p> <p>P.O. Box, Bldg., Room No., if any Suite 207</p> <p>Street 2831 Camino del Rio South</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92108</p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name San Diego Teamsters Employers Trust</p> <p>Trade Name, if any: ATPA</p> <p>P.O. Box, Bldg., Room No., if any Suite 207</p> <p>Street 2831 Camino del Rio South</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92108</p> | <p>11.a. Nature of such dealing.</p> <p>Discuss Tiered Rates</p> |
| | <p>11.b. Approximate dollar value of such dealing.</p> |
| | <p>12.a. Nature of interest held or income received.</p> <p>Round of Golf Steel Canyon 07/21/2004</p> |
| | <p>12.b. Amount. \$64</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State California ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment.</p> |

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| Name of Person Filing Arthur Cantu | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Associated Third Party Administrators</u></p> <p>Trade Name, if any: <u>ATPA</u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 207</u></p> <p>Street <u>2831 Camino del Rio South</u></p> <p>City <u>San Diego</u></p> <p>State <u>California</u> ZIP Code + 4 <u>92108</u></p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>San Diego Teamsters Employers Trust</u></p> <p>Trade Name, if any: <u>ATPA</u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 207</u></p> <p>Street <u>2831 Camino del Rio South</u></p> <p>City <u>San Diego</u></p> <p>State <u>California</u> ZIP Code + 4 <u>92108</u></p> | <p>11.a. Nature of such dealing.</p> <p><u>Dicuss rate increase for medical plans</u></p> |
| | <p>11.b. Approximate dollar value of such dealing. </p> |
| | <p>12.a. Nature of interest held or income received.</p> <p><u>Round of Golf, Lunch Torrey Pines</u></p> |
| | <p>12.b. Amount. \$72</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State <u>California</u> ZIP Code + 4 </p> | <p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment. </p> |

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|---|-----------------------|
| Name of Person Filing Arthur Cantu | File Number U- |
|---|-----------------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| 8. Name and address of Business (including trade name, if any). Name Associated Third Party Administrators Trade Name, if any: ATPA P.O. Box, Bldg., Room No., if any Suite 207 Street 2831 Camino del Rio South City San Diego State California ZIP Code + 4 92108 | 9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name San Diego Teamsters Employers Trust Trade Name, if any: ATPA P.O. Box, Bldg., Room No., if any Suite 207 Street 2831 Camino del Rio South City San Diego State California ZIP Code + 4 92108 | 11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Discuss alternative Health and Welfare Plans </div> 11.b. Approximate dollar value of such dealing. <div style="border: 1px solid black; width: 100%; height: 20px;"></div> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Round of Golf - The Auld Course Chula Vista 12/30/04 </div> 12.b. Amount. <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right;">\$36</div> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State California ZIP Code + 4 | 14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div> |
| 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14.b. Amount of payment. <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |

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|---|----------------|
| Name of Person Filing Arthur Cantu | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Associated Third Party Administrators</p> <p>Trade Name, if any: ATPA</p> <p>P.O. Box, Bldg., Room No., if any Suite 207</p> <p>Street 2831 Camino del Rio South</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92108</p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name San Diego Teamsters Employers Trust</p> <p>Trade Name, if any: ATPA</p> <p>P.O. Box, Bldg., Room No., if any Suite 207</p> <p>Street 2831 Camino del Rio South</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92108</p> | <p>11.a. Nature of such dealing.</p> <p>International Foundation Employee Benefits Trustee Seminar - New Orleans</p> |
| | <p>11.b. Approximate dollar value of such dealing. </p> |
| | <p>12.a. Nature of interest held or income received.</p> <p>Airfare, lodging, meals and registration</p> |
| | <p>12.b. Amount. \$2,351</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State California ZIP Code + 4 </p> | <p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment. </p> |

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|---|-----------------------|
| Name of Person Filing Arthur Cantu | File Number U- |
|---|-----------------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PacifiCare Labor & Trust**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **PO Box 6006**

City **Cypress**

State **California** ZIP Code + 4 **90963**

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Ssn Diego County Construction Teamsters Trus**

Trade Name, if any: **Allied Administrators**

P.O. Box, Bldg., Room No., if any **Suite 311**

Street **2831 Camino del Rio South**

City **San Diego**

State **California** ZIP Code + 4 **92108**

11.a. Nature of such dealing.

Discussing options for Mental Health Care

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner

12.b. Amount.

\$50

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

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| Name of Person Filing Arthur Cantu | File Number U- |
|---|-----------------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Southwest Administrators</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street 1000 So Fremont Avenue</p> <p>City Alhambra</p> <p>State California ZIP Code + 4 91803-4737</p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Mike Uranga</p> <p>Trade Name, if any: Southwest Administrators</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street 1000 So Fremont Avenue</p> <p>City Alhambra</p> <p>State California ZIP Code + 4 91803-4737</p> | <p>11.a. Nature of such dealing.</p> <p>Health and Welfare comparisons</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p> <p>12.a. Nature of interest held or income received.</p> <p>Round of Golf - 5/10/2004</p> <hr/> <p>12.b. Amount.</p> <p style="text-align: right;">\$150</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment.</p> <p>_____</p> |

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|---|-----------------------|
| Name of Person Filing Arthur Cantu | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| 8. Name and address of Business (including trade name, if any). Name Rx Prescription Solutions Trade Name, if any: P.O. Box, Bldg., Room No., if any Mailstop LC07-119 Street 3515 Harbor Blvd City Costa Mesa State California ZIP Code + 4 92626 | 9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name SD County Teamsters Employers Ins Trust Trade Name, if any: ATPA P.O. Box, Bldg., Room No., if any Suite 207 Street 2831 Camino del Rio South City San Diego State California ZIP Code + 4 92108 | 11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 100px;">Request for proposal for prescription plan</div> 11.b. Approximate dollar value of such dealing. <div style="border: 1px solid black; width: 150px; height: 20px;"></div> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 100px;">Round of Golf & lunch at Riverwalk Country Club 7/29/2004</div> 12.b. Amount. <div style="border: 1px solid black; width: 150px; height: 20px; text-align: right;">\$125</div> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div> |
| 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14.b. Amount of payment. <div style="border: 1px solid black; width: 150px; height: 20px;"></div> |

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| Name of Person Filing Arthur Cantu | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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|---|---|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Health Net Labor and Trust</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any 10th Floor</p> <p>Street 21600</p> <p>City Costa Mesa</p> <p>State California ZIP Code + 4 92626</p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name SD County Teamsters Employers Ins Trust</p> <p>Trade Name, if any: ATPA</p> <p>P.O. Box, Bldg., Room No., if any Suite 207</p> <p>Street 2831 Camino del Rio South</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92108</p> | <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">Request for proposal for medical plans</div> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">Round of Golf - Mesquite Country Club 12/10/2004 Dinner LG's Steak House 12/10/2004</div> <p>12.b. Amount. _____ \$125</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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|---|---|
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment. _____</p> |

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|---|-----------------------|
| Name of Person Filing Arthur Cantu | File Number U- |
|---|-----------------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Health Net Labor and Trust</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any 10th Floor</p> <p>Street 21600</p> <p>City Costa Mesa</p> <p>State California ZIP Code + 4 92626</p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name SD County Teamsters Employers Ins Trust</p> <p>Trade Name, if any: ATPA</p> <p>P.O. Box, Bldg., Room No., if any Suite 207</p> <p>Street 2831 Camino del Rio South</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92108</p> | <p>11.a. Nature of such dealing.</p> <p>Discussion on Co-pays</p> <hr/> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p>Round of Golf - Riverwalk Country Club - 01/29/2004</p> <hr/> <p>12.b. Amount. <input type="text" value="\$45"/></p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> | <p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment. <input type="text"/></p> |

| | |
|---|----------------|
| Name of Person Filing Arthur Cantu | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Blue Cross of California</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 21555 Oxnard Street</p> <p>City Woodland Hills</p> <p>State California ZIP Code + 4 91367</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Dan Smith</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 21555 Oxnard Street</p> <p>City Woodland Hills</p> <p>State California ZIP Code + 4 91367</p> | <p>11.a. Nature of such dealing.</p> <p>Request for proposal for dental plans</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>Round of Golf - Del Mar Country Club 8/9/2004</p> <p>12.b. Amount. _____ \$125</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>14.a. Nature of payment.</p> <p>_____</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment.</p> <p>_____</p> |

Name of Person Filing Arthur Cantu

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Riviera Resort

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1600 N. Indian Canyon Drive

City Palm Springs

State California

ZIP Code + 4 92262

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Joint Council Seminar 12/10/2004

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Gift Basket

12.b. Amount.

\$30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

| | |
|---|----------------|
| Name of Person Filing Arthur Cantu | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Kaiser Permanente Labor and Trust</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any 5th Floor</p> <p>Street 393 E Walnut Street</p> <p>City Pasadena</p> <p>State California ZIP Code + 4 _____</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 91188</p> | <p>11.a. Nature of such dealing.</p> <p>Request for proposal</p> <hr/> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>Round of Golf - El Caballero Country Club 9/13/2004</p> <p>Fred Jordan Invitational</p> <hr/> <p>12.b. Amount. \$450</p> |

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| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |